



HOSPITAL SULTAN ABDUL AZIZ SHAH
UNIVERSITI PUTRA MALAYSIA
Kod Dokumen: HSAAS/PATO/BR145

BORANG TEMPAHAN UJIAN KHAS HEMATOLOGI
HAEMATOLOGY SPECIALISED TEST BOOKING FORM

Maklumat pesakit <i>Details of patient</i>	
Nama: <i>Name:</i>	
Nombor KP: <i>IC Number:</i>	
MRN:	
Wad: <i>Ward:</i>	
Ujian Khas: <i>Specialised test:</i> (e.g., BMAT, mixing study, etc)	
Sebab Ujian: <i>Indication of test:</i>	
Tarikh dan masa untuk prosedur: <i>Procedure Date and time:</i>	
Kes dimaklumkan kepada: Case informed to: (e.g., Medical Officer or Pathologist on duty)	
Doktor yang memohon <i>Requesting Doctor</i>	
Nama: <i>Name:</i>	
No telefon: <i>Telephone number:</i>	
Wad: <i>Ward:</i>	
Tarikh: <i>Date:</i>	
Tandatangan dan Cap Rasmi: <i>Signature and official stamp:</i>	